## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

NSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where perceptions. All further correspondence including the Parent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as naticated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for nationances for softifications.

| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                              |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                     | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                                              |                                                                                                   |                                                                                                                                                               |  |
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| FINNEGAN, H<br>LLP<br>901 NEW YORK                                                                                                                                                                                        | 7590 01/14<br>ENDERSON, FA<br>AVENUE, NW                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                                              |                                                                                                   |                                                                                                                                                               |  |
| WASHINGTON                                                                                                                                                                                                                | (Depositor's name)                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                                              |                                                                                                   |                                                                                                                                                               |  |
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|                                                                                                                                                                                                                           |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | [                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                               |                                                                              |                                                                                                   | (Date)                                                                                                                                                        |  |
| APPLICATION NO.                                                                                                                                                                                                           | APPLICATION NO. FILING DATE                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FIRST NAMED INVENTO                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                               | ATTORNEY DOCKET NO.                                                          |                                                                                                   | CONFIRMATION NO.                                                                                                                                              |  |
| 10/507,502 09/13/2004                                                                                                                                                                                                     |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yasuhiro Nishitani                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                               | 067242-0174                                                                  |                                                                                                   | 6365                                                                                                                                                          |  |
|                                                                                                                                                                                                                           | BROAD -SPECTRUM                                                                                                                                                             | CEPHEM COMPOUN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DS                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                               |                                                                              | -                                                                                                 |                                                                                                                                                               |  |
| APPLN. TYPE                                                                                                                                                                                                               | SMALL ENTITY                                                                                                                                                                | ISSUE FEE DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PUBLICATION FEE DU                                                                                                                                                                                                  | E PREV. PAID ISSU                                                                                                                                                                                                                                                                             | E FEE TO                                                                     | TAL FEE(S) DUE                                                                                    | DATE DUE                                                                                                                                                      |  |
| nonprovisional                                                                                                                                                                                                            | NO                                                                                                                                                                          | \$1440                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$300                                                                                                                                                                                                               | \$0                                                                                                                                                                                                                                                                                           |                                                                              | \$1740                                                                                            | 04/14/2008                                                                                                                                                    |  |
| EXAM                                                                                                                                                                                                                      | NER                                                                                                                                                                         | ART UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CLASS-SUBCLASS                                                                                                                                                                                                      | 7                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                                   |                                                                                                                                                               |  |
| BERCH, N                                                                                                                                                                                                                  |                                                                                                                                                                             | 1624                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 514-202000                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                               |                                                                              |                                                                                                   |                                                                                                                                                               |  |
| "Fee Address" indi<br>PTO/SB/47; Rev 03-0:<br>Number is required.  3. ASSIGNEE NAME AI<br>PLEASE NOTE: Unit<br>recordation as set fort!  (A) NAME OF ASSIG                                                                | indence address (or Cha/1/12) attached. cation (or "Fee Address 2 or more recent) attached. ND RESIDENCE DATJ. css an assignee is ident in 37 CFR 3.11. Companies           | " Indication form<br>ned. Use of a Customer<br>A TO BE PRINTED ON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (1) the names of up or agents OR, alene (2) the name of a siregistered attorney. 2 registered patent ilsted, no name will THE PATENT (print or data will appear on th T a substitute for filing (B) RESIDENCE: (Cl. | a will appear on the patent. If an assignee is identified below, the document has been filed fo<br>substitute for filing an assignment. ) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                              |                                                                              |                                                                                                   |                                                                                                                                                               |  |
| Shionogi & Co., Ltd. Osaka, Japan  **Rease check the appropriate assignce category or categories (will not be printed on the patent):   Individual   **Corporation or other private group entity   Government  Government |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                                              |                                                                                                   |                                                                                                                                                               |  |
| ia. The following fee(s) a                                                                                                                                                                                                | re submitted:                                                                                                                                                               | A space in the place in the p |                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                                              |                                                                                                   |                                                                                                                                                               |  |
| i. Change in Entity Stat                                                                                                                                                                                                  | us (from status indicate<br>SMALL ENTITY state                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ☐ b. Applicant is no                                                                                                                                                                                                | longer claiming SMA                                                                                                                                                                                                                                                                           | LL ENTITY                                                                    | status, See 37 C                                                                                  | FR 1.27(g)(2).                                                                                                                                                |  |
|                                                                                                                                                                                                                           |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                                              |                                                                                                   | ne assignee or other party is                                                                                                                                 |  |
| Authorized Signature                                                                                                                                                                                                      | Chris Z. I                                                                                                                                                                  | Vi zumoto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _                                                                                                                                                                                                                   | Date C                                                                                                                                                                                                                                                                                        | V-2/1                                                                        | -08                                                                                               |                                                                                                                                                               |  |
| Phis collection of informa<br>in application. Confident<br>ubmitting the completed<br>his form and/or suggesti<br>30x 1450, Alexandria, V<br>Alexandria, Virginia 223<br>Juder the Paperwork Rec                          | ation is required by 37 C<br>iality is governed by 35<br>application form to the<br>ons for reducing this bu<br>rginia 22313-1450. DC<br>3-1450.<br>duction Act of 1995, no | FR 1.311. The informati<br>U.S.C. 122 and 37 CFE<br>USPTO. Time will vary<br>rden, should be sent to the<br>DNOT SEND FEES OR<br>persons are required to re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | on is required to obtain<br>1.14. This collection is<br>y depending upon the in-<br>tice Chief Information Of<br>COMPLETED FORMS<br>espond to a collection of                                                       | or retain a benefit by<br>estimated to take 12<br>dividual case. Any c<br>ficer, U.S. Patent and<br>TO THIS ADDRES<br>information unless it                                                                                                                                                   | the public when minutes to comments on a Trademark (S. SEND TO displays a va | nich is to file (an<br>complete, includir<br>the amount of ti<br>Office, U.S. Dep<br>commissioner | d by the USPTO to process<br>ig gathering, preparing, an<br>me you require to complet<br>artment of Commerce, P.O.<br>for Patents, P.O. Box 1450<br>I number. |  |